

Conf. Call w/ IDPH 3:30pm.

Ann Garvey  
Polly Carver Kim  
Carmel Stone

Denise Gipple  
William  
~~Mark~~

call attended sick @ midnight  
- Monday - group @

ate at:

Johnson Co:

Call Monday - sick folks @

James - inspection Tuesday  
manager.

No chlorine on low during week (6 or below)  
prior to incident.

Bacteria in operating range yesterday.

(eye infections + skin sores)

32 sick

15 not sick



We investigate to get prevention measures in place.

- Finding more cases want change actions we take.
- Ongoing cases.

- Don't ID business where it occurred w/
- We can't confirm it.

We've received reports about diarrheal illness  
+ were investigating.

~~we've received reports about diarrheal illness  
+ were investigating.~~

From Nancy <sup>still</sup> - what to do w/ pool.

Notify - inspect

we do first pool.

- Can't confirm facility or diagnosis
- Special inspection w/ fee.

corrective action (Fax daily for 2 weeks)  
weekly thereafter for 2 mos. <sup>every day  
pool open</sup>

confirmed " 4g4

Hyper-chlorinate 3.5, back flush & clean filter.

weekly bact. sampling for 2 weeks via S&H.

Conf. Call w/ /IDPH/  
12:00 pm.

media strategy -

- ? wants to know # of sick.

Patti - Complaints = one call but could be multiple people.

- can't talk about

"Inappropriate for us to talk about individual practices or causes."

We can't confirm - perhaps person-to-person.

We don't know the source.

Noro - can be transmitted air, person-to-person, water - we may never know the exact source. Could have been

we follow up w/ several f/u. Person-to-person  
we sympathize with illness in family.

Complaints w/in last week.

- draft responses to IDPH & all the.
- IDPH send out gen Noro talking points.



11:30 a.m.

Conf. Call 2 IDPH,  
outbreak

Re:

~~March 10, 2015~~

March

$CI < .6$  for last 10 days.

If calls come in from someone - refer back to Co. of origin.

Co. - 6 calls, 1 from county.

Result of what put on

- media calls. KCRB to Co. this a.m. IDPH to get back to them.

No ongoing threat.

Can't ID facility - it's confidential. (Facility is treated like a person.)

Look @ 7 days prior to when they got ill.

- call from facility. 15-20 people ill

- IDPH send out talking points - generic for d. disease, & put on Facebook.

Send 515 - 281 6692  
media calls to.

Johnson County Public Health  
**RECORD OF CONTACT**

File Number:

4816

Complainant/Reporter:

Date Received:

Address:

Time Received:

11:00 AM

Telephone Number:

Program Code:

225

Property Owner/Facility Name:

Received By:

TLE

Property/Facility Address:

Property/Facility City:

Property/Facility Telephone Number:

☐ Referred\*☐ No Regulatory Authority**\*Referred To:**

Agency:

Name of Person:

Phone No:

**Report/Description of Complaint (specific location, detailed description of concern):**

Traveled to \_\_\_\_\_ with two other families. Arrived on \_\_\_\_\_ at \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Early this morning all family members began vomiting and have experienced diarrhea. He contacted the other families that they traveled with, and all are experiencing same symptoms. They did eat \_\_\_\_\_ at the facility but complainant believes that illnesses derived from exposure to pool water. The two individuals that did not enter the pool water have not become sick. Complainant is open to answering further questions, but prefers to remain anonymous to the facility. He has contacted facility and they refunded his expenses.

**JCPH Personnel Referred To: (Initials)**

JL

Date:

**Name(s) of Individuals Contacted, Site Observations, Discussions, Guidelines/Letters/Templates Provided, Etc.:**

JCPH Initials:

Made a site visit to the property with Thao Nguyen. We met with the owner, \_\_\_\_\_. I asked him about the incident and he was aware of the situation, however he said he was out of town. The owner said they heard the group had eaten at \_\_\_\_\_ and they believed that to be the problem. They told me that the engineer, \_\_\_\_\_ had sampled the pool yesterday \_\_\_\_\_ and sent the samples into \_\_\_\_\_ to be analyzed. I asked where the CPO was and I was told that he travels \_\_\_\_\_

JPL

I told him that wouldn't be considered acceptable, and \_\_\_\_\_ said that \_\_\_\_\_ had recently completed CPO training and would be the onsite CPO for the facility. However, he was currently at training \_\_\_\_\_ We went back to the \_\_\_\_\_

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were closed already and I required that they remain closed until such time that the water chemistry was back within the proper ranges. I left Pool and Spa Regulation books on-site as well as a document outlining the required water chemical ranges. While I was onsite, arrived (the CPO). indicated that would now be assigned full time to be the onsite CPO for the facility. said will be the back up CPO.

Received daily pool records. Spoke with John Kelly, Pool/Spa Program Manager, about the situation.	JPL
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TOTAL NUMBER OF CONTACTS/VISI	

Complaint Completion/Closure Date	JCPH Signature

Final Review by:	Date Reviewed:



Swimming Pool/Spa  
Inspection Report

WRITTEN NOTIFICATION

Johnson County Public Health

Serving Iowa, Johnson, Louisa and Muscatine Counties  
855 5. Dubuque Street \* Iowa City, Iowa 52240 \* 319/356-6040  
www.johnson-county.com

Facility Name:

1. Registration #: P / S

Person Contacted:

2. Registration #: P / S

Title:

3. Registration #: P / S

Facility Physical Address:

City:

State:

Zip:

IOWA

County:

☒ Iowa

☐ Johnson

☐ Muscatine

☐ Louisa

This Written Notification refers to the Swimming Pool/Spa inspection conducted on .  
The boxes checked below cite each section of the Iowa Code/Iowa Administrative Code rules violated, and specifies the steps required for correcting the violation. Please refer to the facility's Swimming Pool/Spa Inspection Report for descriptions of the manner in which the owner or operator failed to comply.

A. MANAGEMENT/PERSONNEL

1. Certificates

☒ Pool 15.4(6)h: *ok* ☐ Spa 15.51(5)a:

Copies of certified operator, lifeguard, first-aid, basic water rescue, & CPR certificates for the facility staff shall be kept at the facility.

2. Operational records

☐ Pool 15.4(6)f: ☐ Spa 15.51(5)e:

Operator shall have the operational records for the previous 12 months at the facility. These records shall contain a day-by-day account of operation:

Pool

Spa

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☐

☐ ORP and pH readings, results of pH, free chlorine or total bromine residual, cyanuric acid, total alkalinity, combined chlorine, and calcium hardness tests, and any other chemical test results.

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☐

☐ Results of monthly microbiological analyses. *not rec 12 months*

☐

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☐ Reports of complaints, accidents, injuries, & illness.

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☐ Dates & quantities of chemical additions, including resupply of chemical feed systems. *incomplete*

☒

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☐ Dates when filters were backwashed, cleaned or a filter cartridge was changed.

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☐ Monthly ground fault circuit interrupter test results.

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☐

☐ If applicable, dates and results of tests of each SVR5 installed at a facility.

3. Frequency of Tests

☐ Pool 15.4(2)e: ☐ Spa 15.51(2)e:

The results of the tests required shall be recorded in the swimming pool/spa records.

☐ Describe violation(s): *every 4 hours pool, 1/2 hr prior to opening*

4. Signs

☐ Pool 15.4(6)b,d,e: ☐ Spa 15.51(5)b,c:

*ok* ☐

☐

☐ Legible rules signs shall be posted conspicuously at a minimum of two locations within the facility enclosure.

Rules shall include: No diving in the shallow end, No horseplay, No running on deck

☐

☐

☐ A sign shall be posted at each entry to a swimming pool or a wading pool where lifeguards are not required.

☐

☐

☐ N/A Rules & restrictions for the use of a water slide shall be posted near the slide.

*N/A*

☐

☐ A "Spa Rules" sign shall be posted near the spa.

*N/A*

☐

☐ The maximum depth of a spa shall be posted at a conspicuous location near the spa in numerals or letters

5. Material Safety Data Sheets (MSDS)

*ok* ☐ Pool 15.4(6)k: ☐ Spa 15.51(5)i:

Copies of MSDS for the chemicals used at the swimming pool/spa shall be kept at the facility in a location known to facility staff with chemical handling responsibilities. The MSDS shall be reviewed by the facility staff at least annually.

6. Operation Manual

☐ Pool 15.4(6)i,j,l,m: ☐ Spa 15.51(5)g,h,j:

*ok* ☐

☐

☐ A permanent manual for the operation of the facility shall be kept at the facility.

☐

☐

☐ A written emergency plan shall be provided.

*ok* ☐

☐

☐ A schematic drawing of the recirculation system shall be provided. Clear labeling of piping may substitute.

☐

☐

*N/A* The lifeguard staffing plan for the facility shall be available to the inspector at the facility. The plan shall include staffing assignments for all programs conducted at the pool.

7. Other

☐ Pool

☐ Spa

B. FILTRATION/RECIRCULATION

1. Skimmers/Strainer Baskets

*ok* ☐ Pool 15.4(1)b(4): ☐ Spa 15.51(1)e:

A swimming pool/spa shall have a means for skimming the water surface & weirs which adjust automatically to variations in water level. Skimmers shall have an easily removable basket or screen upstream from any valve.



## 2. Inlets

- ☐ Pool 15.4(1)b(3): ☐ Spa 15.51(1)d:

Pools/Spas shall have inlets adequate in design, number, location, and spacing to ensure effective distribution of treated water and maintenance of uniform disinfectant residual.

## 3. Water level

- ☐ Pool 15.4(4)g: ☒ Spa 15.51(4)e: *pool*

Swimming pool & spa water levels shall be maintained at the skimming level.

## 4. Crossconnection

- ☐ Pool 15.4(1)d(1)&(2): ☐ Spa 15.51(1)g(1)&(2):

Water supplied to a swimming pool/spa shall be discharged to the system through an air gap or a reduced principle backflow device. Vacuum breaker backflow preventers shall be provided on all hose bibs serving a swimming pool, spa, shower room, chlorine room &/or filter room.

## 5. Pressure Gauges: Gauges shall be located & of such a size that they may be easily read by the operator.

- ☐ Pool 15.4(1)b(2): ☐ Spa 15.51(1)a(4):

The recirculation system shall have an operating pressure gauge located before the filter if it is a pressure filter system. A vacuum filter system shall have a vacuum gauge located between the filter and the pump.

## 6. Flow Meter

- ☐ Pool 15.5(5)e: ☐ Spa 15.52(5)e

Each swimming pool/spa recirculation system shall be provided with a permanently installed flow meter to measure the recirculation flow rate.

## 7. Wastewater

- ☐ Pool 15.4(1)c: ☐ Spa 15.51(1)f:

Wastewater and backwash water shall be discharged through an airbreak or an air gap.

## 8. Other

- ☐ Pool ☐ Spa

## C. WATER QUALITY

### 1. Water Supply

- ☐ Pool 15.4(1)d: ☐ Spa 15.51(1)g:

The water supplied to a swimming pool/spa shall be from a water supply meeting the requirements of the Iowa Department of Natural Resources for potable water.

### 2. Water Balance

- ☐ Pool 15.4(2)a,b: ☐ Spa 15.51(2)a,b:

Refer to Iowa Code sections listed & Aquatic Facility Testing & Record Keeping Requirements handout provided.

### 3. Clarity

- ☐ Pool 15.4(2)c: ☐ Spa 15.51(2)c:

A swimming pool/spa shall be closed if the grate openings on the main drain are not clearly visible.

### 4. Test Kit

- ☐ Pool 15.4(2)f: ☐ Spa 15.51(2)f

A swimming pool/spa facility shall have functional water testing equipment for free chlorine & combined chlorine, or total bromine; pH; total alkalinity; calcium hardness; & cyanuric acid (if cyanuric acid or a stabilized chlorine is used at the facility).

### 5. Disinfection/Chemical Feed

- ☐ Pool 15.4(3)a: ☐ Spa 15.51(3)a:

- |           |                               |                              |   |
|-----------|-------------------------------|------------------------------|---|
| <i>OK</i> | <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | (1) Equipment for continuous feed of a chlorine or bromine compound to the water shall be provided & shall be operational. The equipment shall be adjustable in at least five increments over its feed capacity.                        |
| <i>OK</i> | <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | (2) Equipment for the continuous feed of a chemical for pH adjustment of the water shall be provided & shall be operational for each swimming pool/spa.   |
| <i>OK</i> | <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | (3) Equipment & piping used to apply chemicals to the water shall be of such size, design, & material that they may be cleaned. All material used for such equipment & piping shall be resistant to the action of chemicals to be used. |

### 6. Solution Tank

- ☐ Pool 15.5(11)g: ☐ Spa 15.52(11)f:

Where a metering pump is used to feed solution of disinfectant, the disinfectant solution container shall have a capacity of at least one day's supply at the rate specified in 15.5(11)c / 15.52(11)c, except that when the system is designed to feed directly from a 55 gallon shipping container, a larger solution container is not required.

### 7. Cleaning

- ☐ Pool 15.4(3)b: ☐ Spa 15.51(3)b:

- |                               |                              |   |
|-------------------------------|------------------------------|---|
| <input type="checkbox"/> Pool | <input type="checkbox"/> Spa | A swimming pool/spa shall be clean. The inspection agency may require that a swimming pool/spa be drained & scrubbed with a disinfecting agent prior to further usage.  |
| <input type="checkbox"/> N/A  | <input type="checkbox"/> N/A | A vacuum system shall be provided to remove dirt from the bottom of the swimming pool.  |
| <input type="checkbox"/> N/A  | <input type="checkbox"/> N/A | A spa containing 500 gallons of water or less shall be drained & refilled a minimum of once a week. A spa containing over 500 gallons of water shall be drained & refilled a minimum of one time every two weeks. |

### 8. Other

- ☐ Pool ☐ Spa

## D. MARKING

### 1. Color

- ☐ Pool 15.4(4)i(1):

The bottom & sides of a swimming pool shall be white or a light color.

### 2. Smooth Finish

- ☐ Pool 15.4(4)i(2): ☐ Spa 15.51(4)g:

Swimming pool/spa walls & floors shall have a smooth surface in order to facilitate cleaning.

### 3. Boundary Lines

- ☐ Pool 15.4(4)i(3):

The boundary between shallow & deep water (5 ft) shall be marked by a float line with floats spaced no more than 5 ft apart. The float line shall be installed within 12 inches of the shallow side of the boundary. When the slope of the floor of a swimming pool exceeds 1 ft vertical to 12 ft horizontal a depth of less than 5 ft, the float line shall be placed within 12 inches of the shallow edge of the slope change.

### 4. Depth Markers

- ☐ Pool 15.4(4)j:

☐ (1) Depth markers shall be located on the deck no more than 3 ft from the edge of the swimming pool. The depth of a wave pool shall also be marked on the side walls of the wave pool, above the maximum static water level, where the depth is 3 ft or more, & on the deep end wall of the wave pool.

☐ (2) Depth markers shall be located at 1 ft depth intervals, but not more than 25 ft apart measured between the centers of the depth markers around the area of a swimming pool which has a water depth of 5 ft or less & around the area of a wave pool where the water depth is 3 ft or more.

☐ (3) Depth markers shall be located not more than 25 ft apart measured between the centers of the depth markers around the deep end of the swimming pool. The words "Deep Water" may be used in place of numerals as depth markers.

### 5. No Diving Markers

- ☐ Pool 15.4(4)j(6):

Swimming pool areas where diving is not permitted shall be marked with "No Diving" or equivalent wording or graphics on the pool deck within 3 ft of the edge of the swimming pool at intervals no greater than 25 ft between the centers of the markers around the perimeter of the area.

### 6. Slip Resistant Markers

- ☐ Pool 15.4(4)j(7):

Letters, numbers & graphics marked on decks shall be slip resistant.

### 7. Other

- ☐ Pool

- ☐ Spa

*lifeguard stays plan? No*

*seems bigger than that...*

## E. DECKS

### 1. Width/Clean/Drainage/Slip Resistant

- ☐ Pool 15.5(4)a:

Swimming pools shall be surrounded by a deck. Class A Pool = at least 6 ft wide. Class B Pool = at least 4 ft wide. Decks shall extend at least 4 ft beyond diving stands, lifeguard chairs or any other deck equipment.

- ☐ Spa 15.52(4):

Spas shall have a deck around at least 50% of the spa perimeter and shall be at least 4 ft wide.

- ☐ Pool 15.4(4)e:

- ☐ Spa 15.52(4)b

The decks shall drain away from the swimming pool/spa. The deck slope shall be at least 1/8 inch/ft and not more than 1/2 inch/ft to drain. The deck shall be constructed to eliminate standing water.

- ☐ Pool 15.4(4)k(3):

- ☐ Spa 15.51(4)h:

Decks shall have a slip resistant, durable and cleanable surface, free of litter, obstructions & tripping hazards.

### 2. Hose Bibs

- ☐ Pool 15.5(4)h:

- ☐ Spa 15.51(4)h(3):

At least one hose bib shall be provided for flushing the deck.

### 3. Other

- ☐ Pool

- ☐ Spa

## F. SAFETY

### 1. First Aid Kit

- ☐ Pool 15.4(4)f(4):

A swimming pool facility shall have a first-aid kit which contains a supply of bandages, bandage compress, self-adhering gauze bandage & latex (or similar material) disposable gloves, and chemical cold compress. Where life guards are not present, the first-aid kit shall be prominently mounted in the swimming pool enclosure, or a sign stating its location shall be posted near the swimming pool.

### 2. Telephone

- ☐ Pool 15.4(4)f(7):

- ☐ Spa 15.51(4)d:

A designated emergency telephone, capable of being operated without coins, shall be available to the users of a swimming pool/spa. If the emergency telephone is not located within the swimming pool/spa enclosure, management shall post a sign(s) indicating the location of the emergency telephone.

### 3. Fencing/Gates

- ☐ Pool 15.4(4)l:

☐ Except for a fill & drain wading pool, a swimming pool shall be enclosed by a fence, wall building enclosure or combination thereof not less than 4 ft high & made of durable material.

☐ A fence, wall or other means of enclosure shall have no openings, other than gateways & doorways, that would allow the passage of a 4 inch sphere, & shall not be easily climbable by toddlers. The distance between the ground & the top of the lowest horizontal support accessible from the outside of the facility, or between the two lowest horizontal supports accessible from outside the facility, shall be at least 45 inches. Except where controlled entrance is provided, gates & doors shall be lockable, self-closing & self-latching.

☐ If a wading pool is within 50 ft of a swimming pool, the wading pool shall have a barrier at least 36 inches high separating it from the swimming pool.

☐ An indoor swimming pool shall be enclosed by a barrier at least 3 ft high if there are sleeping rooms, hallways, apartments, condominiums or permanent recreation areas used by children which open directly into the swimming pool area.

☐ A wave pool shall have a continuous barrier along the full length of each side of the wave pool. The barrier shall be at least 42 inches high and be installed 2 1/2 to 3 ft from the side of the wave pool. Users shall not be permitted in this area.

- ☐ Spa 15.51(4)k:

A spa shall be enclosed by a fence, wall, building or combination thereof not less than 4 ft high. The spa enclosure shall be constructed of durable materials. Except for gate & door openings, the enclosure shall have no opening that would permit the passage of a 4 inch sphere. Except where controlled entrance to the spa is provided, gates or doors into the spa area shall be self-closing and self-latching. A spa may be in the same room or enclosure as another spa or a swimming pool.

#### 4. Emergency Equipment

☐ Pool 15.4(4)f:

Except for wading pools, a minimum of one unit of lifesaving equipment shall be provided for each 1500 ft<sup>2</sup> of water surface area or fraction thereof. A unit of lifesaving equipment consists of one of the following: A U.S. Coast Guard recognized ring buoy, a life pole or a "shepherd's crook" of at least 8 ft in length, a rescue buoy, a rescue tube, &/or any other piece of rescue equipment approved by the department.

#### 5. Lifeguard Chair

☐ Pool 15.4(4)e:

Outdoor swimming pools where lifeguards are required by rule shall have at least one elevated lifeguard chair or station provided for a swimming pool with a water surface area of 2000 - 4000 ft<sup>2</sup> inclusive; at least two chairs shall be provided if the area is 4001-6000 ft<sup>2</sup>; and at least three chairs shall be provided if the area is 601 ft<sup>2</sup> or more.

#### 6. Chlorine Room (Gas - Vents, Lights, Gas Cylinders)

☐ Pool 15.4(4)n:

☐ (1) Room shall have an airtight exhaust system which takes its suction near the floor & discharges out of doors in a direction to minimize the exposure to swimming pool patrons. The system shall provide one air change every 4 minutes.

☐ (2) An air intake shall be provided near the ceiling.

☐ (3) The exhaust fan shall be operated from a switch in a nearby location outside the chlorine room or building.

☐ (4) A plastic bottle of commercial strength ammonia solution for leak detection shall be provided.

#### 7. Fully Submerged Outlets

☐ Pool 15.4(4)h:

☐ Spa 15.51(4)f:

Each fully submerged outlet, including the main drain(s), shall be designed to prevent user entrapment.

Pool

Spa

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☐

Each fully submerged outlet shall have a cover/grate that has been tested for compliance with the requirements of the ASME standard.

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Fully submerged outlet cover/grates shall not be removable without the use of tools.

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☐

Purchase records & product information shall be maintained by the facility for at least five years from the cover/grate purchase. If a field fabricated, a copy of the certification letter shall be kept at the facility for at least five years from the certification date.

N/A

☐

Each spa pump that draws water directly from a fully submerged outlet shall be connected to two or more outlets or a single outlet with an area of at least 144 in<sup>2</sup>.

#### 8. Safety Vacuum Release Systems

☐ Pool 15.4(4)h:

☐ Spa 15.51(4)f:

A facility with a single fully submerged outlet that is not unblockable and that is directly connected to a pump shall be closed if the outlet system is not equipped with a safety vacuum release system.

Pool

Spa

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(1) Purchase records & product information shall be maintained by the facility for at least 5 years from the SVRS purchased.

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(2) An SVRS shall be installed in accordance with the manufacturer's instructions

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☐

(3) An SVRS shall be tested for proper function at least once in each month, date & result of each test shall be recorded.

#### 9. Handrails, Stairs, Ladders & Ramps

☐ Pool 15.4(4)b:

☐ (1) Ladders or recessed steps shall be provided in the deep portion of a swimming pool. Stairs, ladders, recessed steps or ramps shall be provided in the shallow portion if the vertical distance from the bottom of the swimming pool to the deck is more than 2 ft.

☐ (2) Ladders, ladder rungs & ramps shall be securely anchored.

☐ (3) The distance between the wall and the vertical rail of the ladder shall be no greater than 6 inches and no less than 3 inches. The lower end of each ladder rail shall be securely covered with a smooth nonmetallic cap. The lower end of each ladder rail shall be within 1 inch of the wall.

☐ (4) Stairs, ladder rungs, ramps & recessed steps shall be slip-resistant.

☐ (5) If a swimming pool is over 30 ft wide, recessed steps, ladders ramps or stairs shall be installed on each side.

☐ (6) Where recessed steps are provided, securely anchored grab rails shall be provided.

☐ (7) Where stairs or ramps are provided, they shall be equipped with a securely anchored handrail.

☐ (8) When stairs are provided for entry into a swimming pool, a slip resistant stripe at least 1 inch wide of a color contrasting with the swimming pool floor shall be marked at the leading edge of each tread.

☐ Spa 15.51(4)b:

☐ (1) When the top rim of a spa is more than 24 inches above the surrounding floor area, stairs, or a ramp shall be provided.

☐ (2) Stairs, ladders, ladder rungs, and ramps shall be slip-resistant

☐ (3) Where stairs and ramps are provided, they shall be equipped with a handrail.

☐ (4) Ladders and handrails shall be constructed of corrosion-resistant materials, or provided with corrosion resistant coatings. Ladders and handrails shall have no exposed sharp edges.

☐ (5) Ladders, handrails, and grab rails shall be securely anchored.

#### 10. Chemical Storage

☐ Pool 15.4(4)a:

☐ Spa 15.51(4)a:

Pool

Spa

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☐

Swimming pool/spa treatment chemicals shall be stored & handled in accordance with the manufacturer's recommendations.

☐

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Chemical shall be stored & handled in accordance with the manufacturer's recommendations.

☐

☐

Chemical storage containers shall be clearly labeled.

☐

☐

A warning sign shall be placed on the door of rooms where chemical are used/stored, or where bulk containers are located.

#### 11. Water Heater/Boiler

☐ Pool 15.4(1)e:

☐ Spa 15.51(1)h:

Pool

Spa

☐

☐

1. Electric water heaters shall bear the seal of UL, Underwriters Laboratory, Chicago, Illinois.

☐

☐

2. Gas-fired heaters shall be equipped with a pressure relief valve.

☐

☐

3. Fuel-burning water heaters shall be vented to the outside in accordance with the Iowa State Plumbing Code.

#### 12. Agitation control system

☐ Spa 15.51(4)1:

The agitation control system shall be installed out of the reach of persons in the spa. The "on" cycle for the agitation system shall be no more than ten minutes.



13. Electrical Outlets (GFI/distances, etc.)

☐ Pool 15.4(4)m: ☐ Spa 15.51(4)j:

Pool  
☐

Spa

☐ Each electrical outlet on the deck, in the shower rooms & the swimming pool/spa treatment equipment areas shall be equipped with a properly installed ground fault circuit interrupter (GFCI) at the outlet or at the breaker serving the outlet. Electrical outlets energized through an ORP/pH controller are not required to have a separate GFCI if the controller is equipped with a GFCI or is energized through a GFCI breaker. GFCI receptacles & breakers shall be tested at least once each month the swimming pool/spa is in operation. Testing dates & results shall be recorded in the swimming pool/spa records.

N/A

☐ There shall be no outlets located on, or within 5 ft of, the inside wall of a spa.

N/A

☐ An air switch within reach of persons in the spa & its connecting tube shall be constructed of materials that do not conduct electricity.

14. Other

☐ Pool

☐ Spa

**G. STRUCTURE/DIVING**

1. Diving well

☐ Pool 15.5(13)a: See FIGURE 3, TABLE 4 & page 39 & 40 of the Iowa Swimming Pools Code

2. Board & Platform:

☐ Pool 15.5(13)a:

☐ (4) Diving boards & platforms over 3 meters high are prohibited except where approved by the department.

☐ (5) Diving boards & platforms shall have slip-resistant surfaces.

3. Water Depth

☐ Pool 15.5(13)a: See FIGURE 3, TABLE 4 & page 39 & 40 of the Iowa Swimming Pools Code

4. Support Structure(s)

☐ Pool 5.5(13)a(6)1:

Supports, platforms & steps for diving boards shall be of substantial construction & of sufficient structural strength to safely carry the maximum anticipated loads.

5. Chute Structure(s)

☐ Pool 15.4(4)o:

☐ 1. Water slide support structures shall be free of obvious structural defects.

☐ 3. The internal surface of a flume shall be smooth and continuous for its entire length.

☐ 4. The flume shall have no sharp edges within reach of a user while in the proper sliding position.

6. Chute Exits

☐ Pool 15.4(4)o:

☐ 2. Plunge pool depth shall be at least 3 ft and no more than 4 ft at the end of the flume and for at least 15 ft beyond the flume.

7. Other

☐ Pool

**H. SHOWERS/TOILETS/DRESSING ROOMS**

1. Facilities Working

☐ Pool 15.4(5)d,e:

All lavatories, showers & sanitary facilities shall be functional. Soap shall be available at each lavatory and at each indoor shower fixture.

2. Cleanliness

☐ Pool 15.4(5):

Users shall have access to showers, dressing rooms & sanitary facilities that are clean & free of debris.

3. Floors

☐ Pool 15.4(5)a,b:

Floors shall have a slip-resistant surface. Floors shall provide adequate drainage to prevent standing water.

4. GFI's/Hosebibs

☐ Pool 15.4(4)m(1):

Electrical outlets in shower room areas shall be protected by properly installed ground fault circuit interrupter (GFCI) receptacles at the outlet or breaker serving the outlet. GFCI & breakers shall be tested at least once each month the swimming pool/spa is in operation. Testing dates & results shall be recorded in the swimming pool/spa records.

☐ Pool 15.5(19)e:

Hose bibs shall be equipped with vacuum breaker backflow preventers.

5. Other

☐ Pool

☐ Spa

Additional Comments:

Prepared By: Erin Pettypiece, EHS

Date Prepared: \_\_\_\_\_

- Feeders have been malfunctioning

lifeguards doing

2-3 on weekend

UV on

only

→ Changing to pp6 feeder  
currently pulsar

\* feeders got plugged

Results

Feb ok

March

pool pos.

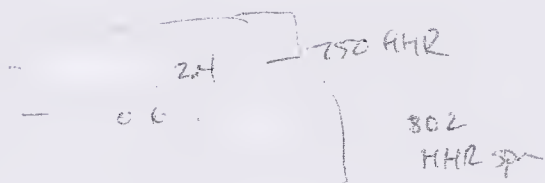
Salt Chlorine generator

Nov Dec installed ending  
offline until Feb '12...

excessive salt that marked

both

added salt



Wading Pool	Activity Pool	Spa	slides
3.8	2.6	4.2	0.0
0.6	0.8	0.2	
6.8	7.2	7.2	
20	150	30	
230	260	240	

- Engineer - sampled pool yesterday  
sent

VISIT  
Notes

- CPO works in

- will be onsite @ 1m

1.6 Free

0.8 con

2.4 Total

the pool had free Cl<sub>2</sub>

8 less than

0.6 Free

days leading

up to illness

event

1.8 free

.8 con

2.6 Total

frequently

had less

than 0.6 free

Discussed free Cl<sub>2</sub> lines

to closure responsibilities

with lifeguard, owner

~~for~~

Spoke w/

staff, don't

receive any

other illness complaints

recently.

No records.



# Conference Call Notes

→ 30+ people sick now, different groups.

People were there on Saturday.

at 6

150-250 people in the

Result tomorrow -

→ precaution. The key @ this point

\* check monthly micro tests @

→ Nancy Hall → what to do with the pool next?

↳

↳

→ -40 fax

→ can't confirm facility or illness

→ sampling

\* weekly micro

\*

→ better recording records daily

⊗ until such time we change

\*

Document & require corrective actions

in letters

\*

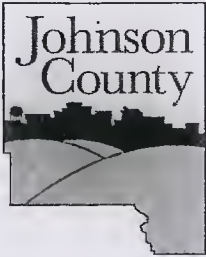
Recommended CPO on site

special inspection. (Friday)? Thursday

- Charge them.

positive

4 credit 4



## PUBLIC HEALTH

Douglas Beardsley, MPH  
Director

**Promoting Health. Preventing Harm.**

March

Dear

In reference to the conditions observed at the \_\_\_\_\_ on March \_\_\_\_\_ 2012 and the suspect outbreak associated with pools and spas in your facility, you must comply with the following requirements:

- You shall provide the \_\_\_\_\_ from March \_\_\_\_\_ 2012 to March \_\_\_\_\_, 2012. \_\_\_\_\_ used the \_\_\_\_\_
- You shall begin sampling \_\_\_\_\_ **WEEKLY** for total coliform bacteria and fax the results to Johnson County Public Health at (319)-356-6044.
- You shall begin sampling \_\_\_\_\_ **WEEKLY** for total coliform bacteria and pseudomonas and fax the results to Johnson County Public Health at (319)-356-6044.
- You will fax a copy of the pool operational records to Johnson County Public Health (JCPH) **DAILY** until such time that JCPH is assured that proper chemical levels are being maintained and proper testing frequency and recording are taking place.
- You shall backwash and clean all filters, raise the free chlorine levels to 3.5 ppm for a period of not less than 24 hours.
- You shall clean and sanitize all areas and surfaces within the pool enclosure.

In addition we **HIGHLY** recommend that you ensure that a Certified Pool Operator (CPO) is on site at the facility while the park is open.

If you have any questions, please contact me at 319-356-6040 Ext. 5875.

Respectfully,

James Lacina  
Environmental Health Coordinator  
Johnson County Public Health

- Hand delivered a copy to \_\_\_\_\_ (General Manager), \_\_\_\_\_ (engineer), \_\_\_\_\_ while on site. JJ.

Cc: ☒ Facility File  
Tricia Kitzmann, Deputy Director, Johnson County Public Health

# SWIMMING POOL/SPA INSPECTION REPORT

**Johnson County Public Health**  
Serving Iowa, Johnson, Louisa and Muscatine Counties  
855 S. Dubuque Street \* Iowa City, Iowa 52240 \* 319/356-6040  
www.johnson-county.com

Date:

Facility Name:

Facility Address:

City:

County:

Mailing Address:

Person Contacted:

Title:

1. Registration#:  
P / S

2. Registration#:  
P / S

3. Registration#:  
P / S

## A. MANAGEMENT/ PERSONNEL

- ☐ Certificates
- ☐ Operational Records
- ☐ Frequency of tests
- ☐ Signs
- ☐ MSDS Sheets
- ☐ Operation Manual
- ☐ Other

## B. FILTRATION/ RECIRCULATION

- ☐ Skimmer/strainer basket
- ☐ Inlets
- ☐ Water level
- ☐ Crossconnection
- ☐ Pressure gauges
- ☐ Flow meter
- ☐ Wastewater
- ☐ Other

## C. WATER QUALITY

- ☐ Water Supply
- ☐ Water balance
- ☐ Clarity
- ☐ Test kit
- ☐ Disinfection/chemical
- ☐ Solution tank
- ☐ Cleaning
- ☐ Other

## D. MARKING

- ☐ Color (walls, bottom)
- ☐ Smooth finish
- ☐ Boundary lines
- ☐ Depth markers
- ☐ "No Diving" markers
- ☐ Slip resistant markers
- ☐ Other

## E. DECKS

- ☐ Width/clean/drainage /slip resistant
- ☐ Hose bibs
- ☐ Other

## F. SAFETY

- ☐ First Aid kit
- ☐ Telephone
- ☐ Fencing/Gates
- ☐ Emergency equipment
- ☐ Lifeguard chair
- ☐ Chlorine gas room
- ☐ Fully Submerged Outlets
- ☐ Safety vacuum release system
- ☐ Handrails/stairs/ladders ramps
- ☐ Chemical storage
- ☐ Water heater/boiler
- ☐ Agitation control system
- ☐ Electrical outlets
- ☐ Other

## G. STRUCTURE/DIVING

- ☐ Diving well
- ☐ Board & platform
- ☐ Water depth
- ☐ Support structure(s)
- ☐ Chute structure(s)
- ☐ Chute exit(s)
- ☐ Other

## H. SHOWERS/TOILETS/ DRESSING ROOMS

- ☐ Facilities working
- ☐ Cleanliness
- ☐ Floors
- ☐ GFI's/hose bibs
- ☐ Other

## WATER QUALITY INFORMATION

	1.	2.	3.
Chlorine(Free):	7.6	5.0	4.2
Chlorine(Total):	3.4	2.8	4.4
Chlorine(Combined):	0.3	0.2	0.2
Bromine:			
pH:	7.2	7.4	7.2
Total Alkalinity:	150	150	150
Calcium Hardness:	200	200	200
Cyanuric Acid:			
Temperature:			
ORP:	400	750	
Area (sq ft):			
Volume(gallons):			
Filter Type:	Super 100		
Filter Rate(gpm):			
Pump Rate(gpm):			
Turnover Rate(hrs):			

## Violations Described/Comments:

1. No diving well  
2. No board & platform  
3. No water depth  
4. No support structure(s)  
5. No chute structure(s)  
6. No chute exit(s)  
7. No other  
8. No facilities working  
9. No cleanliness  
10. No floors  
11. No GFI's/hose bibs  
12. No other  
13. No water level  
14. No crossconnection  
15. No pressure gauges  
16. No flow meter  
17. No wastewater  
18. No other  
19. No color (walls, bottom)  
20. No smooth finish  
21. No boundary lines  
22. No depth markers  
23. No "No Diving" markers  
24. No slip resistant markers  
25. No other  
26. No width/clean/drainage /slip resistant  
27. No hose bibs  
28. No other  
29. No first aid kit  
30. No telephone  
31. No fencing/gates  
32. No emergency equipment  
33. No lifeguard chair  
34. No chlorine gas room  
35. No fully submerged outlets  
36. No safety vacuum release system  
37. No handrails/stairs/ladders ramps  
38. No chemical storage  
39. No water heater/boiler  
40. No agitation control system  
41. No electrical outlets  
42. No other  
43. No diving well  
44. No board & platform  
45. No water depth  
46. No support structure(s)  
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48. No chute exit(s)  
49. No other  
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51. No cleanliness  
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560. No crossconnection  
561. No pressure gauges  
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978. No other  
979. No water level  
980. No crossconnection  
981. No pressure



# SWIMMING POOL/SPA INSPECTION REPORT

**Johnson County Public Health**  
Serving Iowa, Johnson, Louisa and Muscatine Counties  
855 S. Dubuque Street \* Iowa City, Iowa 52240 \* 319/356-6040  
www.johnson-county.com

Date:

Facility Name:

Facility Address:

City:

County:

Mailing Address:

Person Contacted:

Title:

1. Registration#:  
P / S

2. Registration#:  
P / S

3. Registration#:  
P / S

## A. MANAGEMENT/ PERSONNEL

- ☐ Certificates
- ☐ Operational Records
- ☐ Frequency of tests
- ☐ Signs
- ☐ MSDS Sheets
- ☐ Operation Manual
- ☐ Other

## B. FILTRATION/ RECIRCULATION

- ☐ Skimmer/strainer basket
- ☐ Inlets
- ☐ Water level
- ☐ Crossconnection
- ☐ Pressure gauges
- ☐ Flow meter
- ☐ Wastewater
- ☐ Other

## C. WATER QUALITY

- ☐ Water Supply
- ☐ Water balance
- ☐ Clarity
- ☐ Test kit
- ☐ Disinfection/chemical
- ☐ Solution tank
- ☐ Cleaning
- ☐ Other

## D. MARKING

- ☐ Color (walls, bottom)
- ☐ Smooth finish
- ☐ Boundary lines
- ☐ Depth markers
- ☐ "No Diving" markers
- ☐ Slip resistant markers
- ☐ Other

## E. DECKS

- ☐ Width/clean/drainage  
/slip resistant
- ☐ Hose bibs
- ☐ Other

## F. SAFETY

- ☐ First Aid kit
- ☐ Telephone
- ☐ Fencing/Gates
- ☐ Emergency equipment
- ☐ Lifeguard chair
- ☐ Chlorine gas room
- ☐ Fully Submerged Outlets
- ☐ Safety vacuum release  
system
- ☐ Handrails/stairs/ladders  
ramps
- ☐ Chemical storage
- ☐ Water heater/boiler
- ☐ Agitation control system
- ☐ Electrical outlets
- ☐ Other

## G. STRUCTURE/DIVING

- ☐ Diving well
- ☐ Board & platform
- ☐ Water depth
- ☐ Support structure(s)
- ☐ Chute structure(s)
- ☐ Chute exit(s)
- ☐ Other

## H. SHOWERS/TOILETS/ DRESSING ROOMS

- ☐ Facilities working
- ☐ Cleanliness
- ☐ Floors
- ☐ GFI's/hose bibs
- ☐ Other

## WATER QUALITY INFORMATION

	1.	2.	3.
Chlorine(Free):	1.0		
Chlorine(Total):	1.0		
Chlorine(Combined):	0.0		
Bromine:	0.0		
pH:	7.2		
Total Alkalinity:	120		
Calcium Hardness:	150		
Cyanuric Acid:	10		
Temperature:	72		
ORP:	250		
Area (sq ft):			
Volume(gallons):			
Filter Type:			
Filter Rate(gpm):			
Pump Rate(gpm):			
Turnover Rate(hrs):			

## Violations Described/Comments:

1. ☐ Chlorine (Free) - 1.0 mg/L (Pass)

2. ☐ Chlorine (Total) - 1.0 mg/L (Pass)

3. ☐ Chlorine (Combined) - 0.0 mg/L (Pass)

4. ☐ Bromine - 0.0 mg/L (Pass)

5. ☐ pH - 7.2 (Pass)

6. ☐ Total Alkalinity - 120 mg/L (Pass)

7. ☐ Calcium Hardness - 150 mg/L (Pass)

8. ☐ Cyanuric Acid - 10 mg/L (Pass)

9. ☐ Temperature - 72°F (Pass)

10. ☐ ORP - 250 mV (Pass)

11. ☐ Area (sq ft) - (Pass)

12. ☐ Volume (gallons) - (Pass)

13. ☐ Filter Type - (Pass)

14. ☐ Filter Rate (gpm) - (Pass)

15. ☐ Pump Rate (gpm) - (Pass)

16. ☐ Turnover Rate (hrs) - (Pass)

17. ☐ Other - (Pass)

18. ☐ Other - (Pass)

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Inspected By: James G. [Signature]

Received By: \_\_\_\_\_

White Copy - Operator

Yellow Copy - JCPH



# State Hygienic Laboratory

RECEIVED

12

*The University of Iowa*

JOHNSON COUNTY PUBLIC HEALTH

**COPY**

JAMES LACINA  
JOHNSON CO PUBLIC HEALTH  
855 S DUBUQUE ST  
IOWA CITY, IA 52240

Accession Number	22852
Date Sample Finalized	16:30
Date Received	15:25
Sample Source	Non-Drinking Water
Project	
Date Collected	
Collection Site	
Collection Town	
Sample Description	
Client Reference	
Collector	lacina james
Phone	319/688-5875

Facility Name	
Free Chlorine/Br	2.6
Total Chlorine/Br	3.4
pH	7.2
Oxidation Reduction Potential	750
Purchase Order	FEE EXEMPT

## Results of Analyses

### Total Coliform and E.coli Bacteria, SM 9223B 21st

Units	[MPN]/100mL	Analyzed In	Iowa City
Date Analyzed	5:56	Date Verified	09:56
Analyst	CAL	Verifier	CAL

Analyte	Result
Total Coliform Bacteria	<1
E.coli	<1

### Enterococci Bacteria, by Enterolert MPN

Units	[MPN]/100mL	Analyzed In	Iowa City
Date Analyzed	15:56	Date Verified	15:57
Analyst	CAL, KFO	Verifier	CAL

Analyte	Result	Quant Limit
Enterococci	<1.0	1

### Description of Units used within this report

[MPN]/100mL = Most Probable Number per 100 Milliliters

The result(s) of this report relate only to the items analyzed. This report shall not be reproduced except in full without the written approval of the laboratory.

Iowa Environmental Laboratory IDs are: Ankeny #397, Iowa City/Coralville #027, Lakeside #393.

If you have any questions, please call Client Services at 800/421-IOWA (4692) or 319/335-4500. Thank you.

Johnson County Public Health <b>RECORD OF CONTACT</b>		File Number: 4815
Complainant/Reporter:		Date Received:
Address:		Time Received: 11:00 AM
Telephone Number:		Program Code:
Property Owner/Facility Name:		Received By: TLE
Property/Facility Address:		Property/Facility City:
Property/Facility Telephone Number:		
<input type="checkbox"/> Referred* <input type="checkbox"/> No Regulatory Authority		
<b>*Referred To:</b>		
Agency:	Name of Person:	Phone No:
<b>Report/Description of Complaint (specific location, detailed description of concern):</b>		
Traveled to _____ with two other families. Arrived on _____ at _____ Early this morning all family members began vomiting and have experienced diarrhea. He contacted the other families that they traveled with, and all are experiencing same symptoms. They did eat _____ at the facility but complainant believes that illnesses derived from exposure to pool water. The two individuals that did not enter the pool water have not become sick. Complainant is open to answering further questions, but prefers to remain anonymous to the facility. He has contacted facility and they refunded his expenses		
		Date of Incident: _____ Time of Incident: _____

24hrs between exposure & onset sx

Noro

2 groups - kids @ same day care

\* Testing Kits

@ 11:51 -

Cty PH

- out of office

~~XXXXXXXXXX~~ - left mail - gave her info  
she will bring stool kits

1 group ate at